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## **School of Education STUDENT TEACHING LOG**

Student's Name:				Date:		
Cooperati	ing Teacher:					
School:				Grade/Subject:		
The coope	rating teache	er must sig	n for each day.			
Date	Time Began	Time Ended	Total Time Hrs./Min. (round down)	Activities	Teacher's Signature	
Total Time				Students must submit their hours in total after student teaching has concluded to the Director of Student Teachers in the Technology building, room T-233C or you may scan this and email it to geraldine.trujillo@csupueblo.edu.		

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